215040614 62693			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2												2		
2	Total Nur of Vehic		Local No./ District 466 Agency Case No. B5-092371						F	HIT & RUN		INVESTIGATION MADE AT SCENE?			? L 1		
A/1 02 A/2	DATE OF ACCIDENT		4/2015 Lancaste		Y Y	S M T	W TH	F S	TIME OF ACCIDEI POLICE NOTIFIE	NT	(In Mil 1120 1125	itary Time)	STATE US	E ONLY	(
В	OF ACCIDENT	CITY	Lincoln							l	PRIVATE	YES NO	10/05	;/201	15		
60		OAD ON WHICH STREET/						ONE WAY YES NO			LATITUDE						
с 1	DISTANCE FROM FEET N S E W OF MILEPOST					ST.	STREET? HIGHWAY NO.				LONGITUDE				\dashv		
D	MILEPO	MILEPOST IF AT INTERSECTION IF NOT AT INTERSECTION								-							
1 ∇1/M						>feet ⊂ 71.00	MILES	N S	 W OF NEAREST STREET, BRIDGE, RAILROAD CROSS X 26TH 					ROSSING	G		
14 V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN N S E W AND MILES N S E W OF NEAREST CITY OR TOWN																
01 E 2	R. WORK ZONE TO STATE DEPT. OF ROADS' PROPERTY? CODES TO STATE DEPT. OF ROADS' PROPERTY? OYES X NO																
F	DRIVER					,	VEHICLE	NO. 1				STATE	1	$\overline{}$) FEMALE	
1 V1/N	DRIVER		_{NO.} H12616 ANDA	5359					PHONE 402-	802	2-1678	(Of License)	NE LOCAL N	O. SE		MALE	
1 V2/N	DRIVER ADDRE	JAIME R MIRANDA 402-802-1678 INVER ADDRESS CITY, STATE, ZIP DATE OF BIRTH (MM/DD/YYYYY)									08/10	V1/1					
1	OWNER	(MM/DD/1111)											18 V1/2				
G 2	OWNER ADDRE	RESS CITY, STATE, ZIP CITATION X YES								1	CITATION NO. LB489080						
H								YEAR ate Expires)	NG NO 2016	STATE			NF	V1/3			
5 V1/O	VEHICLE	YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE									V1/4						
2	VEHICLE ID NO. (VIN)	VEHICLE ID 1 FM 7 I 73 F 4 5 7 A 0 4 8 8 5										V1/5					
V2/O 2	TOWED TO										- 18 V1/6						
ı							VEHICLE	NO. 2						$\overline{-}$			25
1	DRIVER LICENSE DRIVER		NO. K02-84-	8770					PHONE			(Of License)	KS LOCAL N	SE	≅x X	FEMALE MALE	-
V1/P 1	JUAN L BOLANOS RIOS CITY, STATE, ZIP DATE OF DATE OF										V2/1 18						
V2/P	1415 SOUTH C STREET, ARKANSAS CITY, KS 67005									BIRTH (MM / DD / YYYY		03/21/1987					
J	JUAN L BOLANOS RIOS OWNER ADDRESS CITY, STATE, ZIP CITATION Y								◯YES	CITATION	V2/3						
01	1415 SOUTH C STREET, ARKANSAS CITY, KS 67005									PENDI	NG 🗴 NO		STA	TE			
V1/Q 4	LICENSE PLATE	TE YEAR	NO. 015DLK	MAKE		MODEL		BODY STY	LE		color		STIMATED	(Of PI	late) E	KS	V2/4
V2/Q 3	VEHICLE		2014 Chevrolet SILVERADO Pickup tru						p truck	:	gray	E COMPANY	TOTALE	:D \$	2500)	V2/5
К	VEHICLE ID NO. (VIN) TOWED TO	3G	GCPCREC8EG204772							FARM BUREAU POLICY NO.						18 	
01							7676	1	1 2 3 4 5								
VEH. #		(Com	plete a continuati	on report, if n	nore than i	three were i	injured)	•				OF BIRTH DD / YYYY)	Seat Position	Eject	Body Region	Injury Sev. Ti	rans. M F
	LOCAL NO.		IMEDICAL FACILITY				levo o	EDVIOE NAM	-				EMS RU	L DED	DET NO		
			MEDICAL FACILITY NAME				EMS S	EMS SERVICE NAME					EMS RU	N KEPC	JRT NO.		
VEH. #					DRESS												
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS S	ERVICE NAM	E	•			EMS RU	N REPO	ORT NO.		
VEH. #	NAME		1	AD	DRESS												
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME							EMS RU	N REPO	DRT NO.							

THE FOL	LOWING INFORMATION	LIC DECLUBED FOR	D ALL ACCIDENT							
THE FOL		INFORMATION IS REQUIRED FOR ALL ACC INDICATE BY DIAGRAM WHAT HAPPENED								
				-092371						
Indicate North by Arrow										
	/					٠				
POI (APF	7									
71' W OF W CURE 15' N OF S CUR										
	30'	2 1 2	Z							
TO 25TH D STREET										
V, W, X, Y, Z = U PARKED VE						٠				
Not	To	DI ACEMENT OF V	EHICLES AND DEPICTION	ON OF						
Sca			ICLES IS APPROXIMATE							
	DESCRIPTION OF ACCIDENT B	BASED ON OFFICER'S INV	/ESTIGATION							
continued straight and struck V2 head-on.										
OBJECT DAMAGED OWNER NAME	ADDRESS		PHONE		APPROX. COST OF DAMAGE					
OBJECT DAMAGED OBJECT DAMAGED OWNER NAME	ADDRESS		PHONE	APPROX. COST OF DAMAGE						
NAME W	ADDRESS			ONE						
NAME NAME	ADDRESS			РНО	NE					
BEFORE COLLISION MC	DINT OF IMPACT AND DIST DAMAGED AREA	AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL		1 VE	EH 4			
VEH NO. N S E W ROAD OR HIGHWAY NAME (Enter VEHICLE N N N N N N N N N	numbers for each vehicle) E 1 VEHICLE 2	-	-	ALCOHO TESTING	No. 1	Driver No. 2	Pedes- trian			
	08 POINT OF 08		None used - vehicle occupan	ALCOHOL LEVEL TESTED	N X	N X	Y N			
1 01 06 Turning left DAMAGED AREA	08 MOST DAMAGED 08	2 Deployed - side 3 Deployed - both front/side	Lap & shoulder belt used Shoulder belt only used Lap belt only used Child safety seat used	BAC LEVEL		Driver	Driver			
2 11 08 Entering traffic lane 00 None 09 Leaving 09 Top & win	02 03 04	5 Not applicable/ No airbag available 7 6 Unknown 8	Costume helmet used Costume helmet used Restraint use unknown	ALCOHOL/ DRUGS SUSPECTED		No. 1	No. 2			
straight ahead traffic lane 02 Backing 10 Parked 03 Changing lanes 11 Slowing or 04 Overtaking/ Passing 12 Other 05 Turning right 13 Unknown	age 01 05 05 08 07 06	VEHICLE 2 4 5 4 5	VEHICLE 2	Neither alcohol nor drugs Yes - alcohol suspected Yes - drugs suspected Yes - alcohol & drugs suspected Unknown						
877 TROOP/ TEAM/ BEAT 4	DEPARTMEN Lincolr			hotograp iken?	hs X	> YES > NO				
INVESTIGATOR NAME (Print or Type) Jennifer Hurley		Approved by Officer Jennifer Hurley					OF 10/05/2015			